

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

19/869802

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		1		/		
5		1		/		
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TOTAL IND.	2		2			
TOTAL DEP.	10		9			
TOTAL CLAIMS	12		11			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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